

Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Application

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name:

Address, City, Zip:

Establishment Phone:

Name:Address: City, State: Zip: Phone #Fax # E-Mail : List of support vehicles (e.g., stock truck,	License #: City, State: Address:: Zip : Phone # E-Mail : Location of offsite storage (i.e., where trucks,
City, State:	City, State:
Zip:Fax #Fax #	Address:: Zip : Phone # E-Mail : Location of offsite storage (i.e., where trucks,
Phone #Fax # E-Mail :	Zip : Phone # E-Mail : Location of offsite storage (i.e., where trucks,
E-Mail :	E-Mail : Location of offsite storage (i.e., where trucks,
	Location of offsite storage (i.e., where trucks,
List of support vehicles (e.g., stock truck,	
refrigerator truck):	
	Address:
	City, State:
	Zip : Phone # :
	E-Mail :
Please list the name and phone nu	mber of primary contact:
For reviewing agency use only: Fee \$: Date: Plan Review #:	Check #: Receipt #: Assigned to:

www.michigan.gov/mdard, keyword: Food Plan Review

General Information

Maximum number of mea	als to be served per day:_		
Minimum staff per shift:		Maximum staff per shift:	
These plans are for:	An existing/pre- fabricated unit	A unit that will be built upo	on plan approval
These plans are for an:	Enclosed STFU Pushcart STFU Truck STFU Watercraft STFU Tent STFU	Enclosed MobileMobile pushcartMobile TruckMobile WatercraftTent Mobile	
These plans are for a uni		sed commissary on a daily basis	
		ary locations for more than 24 ho	
Please summarize the pr	oposed STFU/Mobile ope	eration:	
I certify that the plan review	ew application package so	ubmitted is accurate to the best o	f my knowledge.
Signature of owner or rep	oresentative:		Date
Please print name and tit	:le here:		